

Foster Family Home - Corrective Action Report

Provider ID: 1-624610

Home Name: Marlene Diego, CNA

Review ID: 1-624610-9

94-1237 Halelehua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/18/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA by 6/02/20.

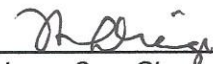
Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - No proof of 2019 eCrim for CG #1, CG #2, and CG #3.


Compliance Manager


Primary Care Giver

5/18/2020
Date

5/18/20
Date

CTA RN Compliance Manager:

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate:

(PLEASE PRINT)

CCFFH Address:

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	I received current eCrim from CG #1, CG #2, and CG #3 and placed them in my ccffh binder.	9/10/20	I put the expiration dates for eCrim for all CG's on my computer calendar.

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PCG's Signature:

Date:

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CTA has reviewed all corrected items